RECEIVED CENTER

JUN 🔰 9 2005

PTO/SB/97 (08-00)
Approved for use through 10/31/2002. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1896, no persons are required to respond to árcaliectión of information unless alvated OMB control number.

PLL

Application Number: 09/598,814

Filing Date: 6/21/2000

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on 6/29/05

Date

Laurie Morgan

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

- 1. Fee Transmittal
- 2. Petition for Extension of Time
- 3. Request for Continued Examination

Total pages including cover sheet: 22

MS1-1875US (703) 872-9306

Please notify us immediately (509-324-9256) if there is a problem with the quality of this fax.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

9 2005

رار خاكمكنيشي

FEE TRANSMITTAL FOR TY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attempt Docket No. MS1 1875US	PTO/SB/17 (12-04) Approved for use through 07/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Panarwork Reduction Act of 1995, no paraona are required to respond to a collection of Information unless it displays a valid OMR control number									
FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (3) 0.00 Attorney Docket No. MS1 1875US	Effective on 12/08/2004.									
Filing Delte \$621/2000 \$62				18). A	Application Number 09/598,814				DECE	
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attemey Docket No. MS1 1875US	i FEE IR	ANS	MITTAL	_ Fi	ling Date	6/2	1/2000	or	ATTOM S	
At Limit 2132 TOTAL AMOUNT OF PAYMENT (\$) 0.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number, 12-0769 Deposit Account Number, 12-0769 Deposit Account Number, 12-0769 Por the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, oxcept for the filling fee Charge fee(s) indicated below overpayments of fee(s) Charge fee(s) indicated below, oxcept for the filling fee Charge fee(s) indicated below, oxcept for the filling fee Charge fee(s) indicated below, oxcept for the filling fee Charge fee(s) indicated below, oxcept for the filling fee Charge fee(s) indicated below, oxcept for the filling fee Charge fee(s) indicated below, oxcept for the filling fee Charge fee(s) indicated below, oxcept for the filling fee Charge fee(s) indicated below, oxcept for the filling fee Charge fee(s) indicated below, oxcept for the filling fee Charge fee(s) indicated below, oxcept for the filling fee Charge fee(s) indicated below, oxcept for the filling fee Charge fee(s) indicated below, oxcept for the filling fee Charge fee(s) indicated below, oxcept for the filling fee Indicated below, oxcept for the filling fee Charge fee(s) indicated below, oxcept for the filling fee Charge fee(s) indicated below, oxcept for the filling fee Indicated below, oxcept for the filling fee Expecting fee(s) indicated below, oxcept for the filling fee Expecting fee(s) indicated below, oxcept for the filling fee Expecting fee(s) indicated below, oxcept for the filling fee Expecting fee(s) indicated below, oxcept for the filling fee Expecting fee(s) indicated below, oxcept for the filling fee Expecting fee(s) indicated below, oxcept for the filling fee Expecting fee(s) indicated below, oxcept for the filling fee Expecting fee(s) indicated below, oxcept fee(s) indicated below, oxcept fee(s) indicated below, oxcept fee(s) indicated bel	l Fo	r FY 20	05	Fi	rst Named Invent	tor Bria	an A. LaMacch	nfa	Marie a	
TOTAL AMOUNT OF PAYMENT (\$) 0.00 METHOD OF PAYMENT (check all that apply)				- E	caminer Name	Jun	ıg W Kim		JUN 2	
METHOD OF PAYMENT (check all that apply) Check	Applicant claims small emity status. See 37 CFR 1.27			A	t Unit	213	32	-		
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Numbor_12-0769 Deposit Account Name: Lee & Hayes, PLLC	TOTAL AMOUNT OF PAY	MENT (\$)	0.00	At	torney Docket No	o. N	/S1 1875US			
Deposit Account Deposit Account Numbor 12-0769 Deposit Account Name: Lee & Hayes, PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	METHOD OF PAYMENT	r (check all t	hat apply)						معلم نے بعرب	
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments	Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES	Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
Filing FEES Small Entity Fee (\$) Fee (FEE CALCULATION									
Design 200 100 100 50 130 65	FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity									
Design 200 100 100 50 130 65						Fee (\$)		Fees Pa	<u>d (\$)</u>	
Plant 200 100 300 150 160 80	<u> </u>						100			
Rcissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Peacritation Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claims Total Claims -20 or HP =	. •									
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						-				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims -20 or HP =										
Fee Same S	2 EVCESS CLAIM CES									
HP = highest number of total claims paid for, if greater than 20 Indep. Glaims	Eee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims							50 50 tent 200 360	Foo (\$) 25 100	
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x Fee Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)	HP = highest number of total c Indep. Claims	laims paid for, if xtra Claims	greater than 20 Fee (\$)	oe Pald	(<u>\$)</u>	<u>Log (2)</u>		<u> </u>		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)	3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets									
	4. OTHER FEE(S) Non-English Specific								Paid (\$)	

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cas 1-800-PTO-9199 and select option 2.

Registration No.

(Attorney/Agent)

46576

Telephone (509) 324-9256

Date 6

Signature

Kayland

Name (Print/Type) Kayla D. Brant